



TOWN OF WESTFORD  
BOARD OF HEALTH  
TOWN HALL  
WESTFORD, MASSACHUSETTS 01886  
Phone: 978-692-5509 Fax: 978-399-2558

**APPLICATION FOR SEPTAGE HAULER'S PERMIT**  
**FEE \$50.00**

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In accordance with M.G.L. c.111, Section 31B and 310 CMR 15.402 (Title V), the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

Name of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

List number and types of equipment and their capacity (in gallons):

\_\_\_\_\_  
\_\_\_\_\_

List Name & Address of locations you regularly pump because an operation & maintenance agreement is required of the owner \_\_\_\_\_  
\_\_\_\_\_

List areas where septage will be accepted from (attach customer list):

\_\_\_\_\_  
\_\_\_\_\_

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of disposal location):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations of others approved of the Board in writing as an amendment of this permit

\_\_\_\_\_  
Social Sec #/Federal ID #

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date